

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Augusta Fiske

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race		Occupation		Birth-place	of	
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death				
Father's Name	David A. Fiske		Father's Birthplace	Garretttsland			
Mother's Maiden Name	Leticia Montgomery		Mother's Birthplace	Tuckerland			
Name of person giving information	David A. Fiske		How related to deceased	Father.			

CAUSES OF DEATH

Primary: Dignosis to Brain during birth

176

How long

Immediate: Same

How long

Are the name, age, sex, color, date and place correctly given above?

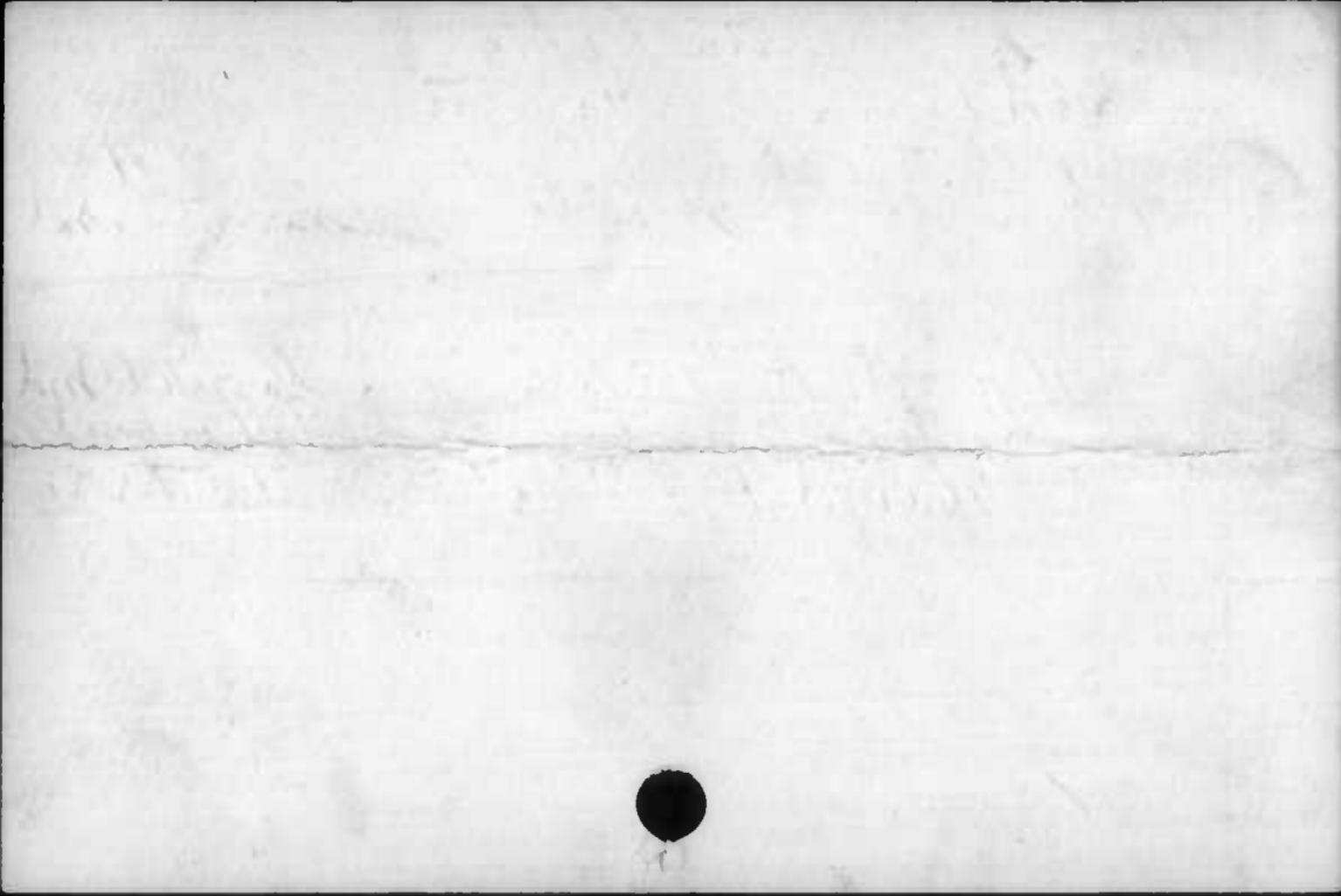
Yes

Signature of Physician

Address

Annie A. Scherr
Egdon Wm.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Name in Full				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Age, Years	Months	Days		
Sex	Color or Race	white	Where Residing if not at place of death	Birth- place			
Occupation	miner	Kilgore					
Married, Single or Widowed	Name of Wife or Husband	Hallie Hartley	Father's Name	Alabama			
Father's Name	Wm Hartley		Mother's Name	Alabama			
Mother's Maiden Name	Mary Tibbitt		Name of person giving Information	How related to deceased			
	Mrs Hartley			mother			

CAUSES OF DEATH

164

Primary

frosture spine (lamina process with crushing
How long

Immediate

bellritis of cord, and complete paraplegia below

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Caused by a
fall of rock in the mine, as he
was stopping a large, sharp
rock fell on his back.

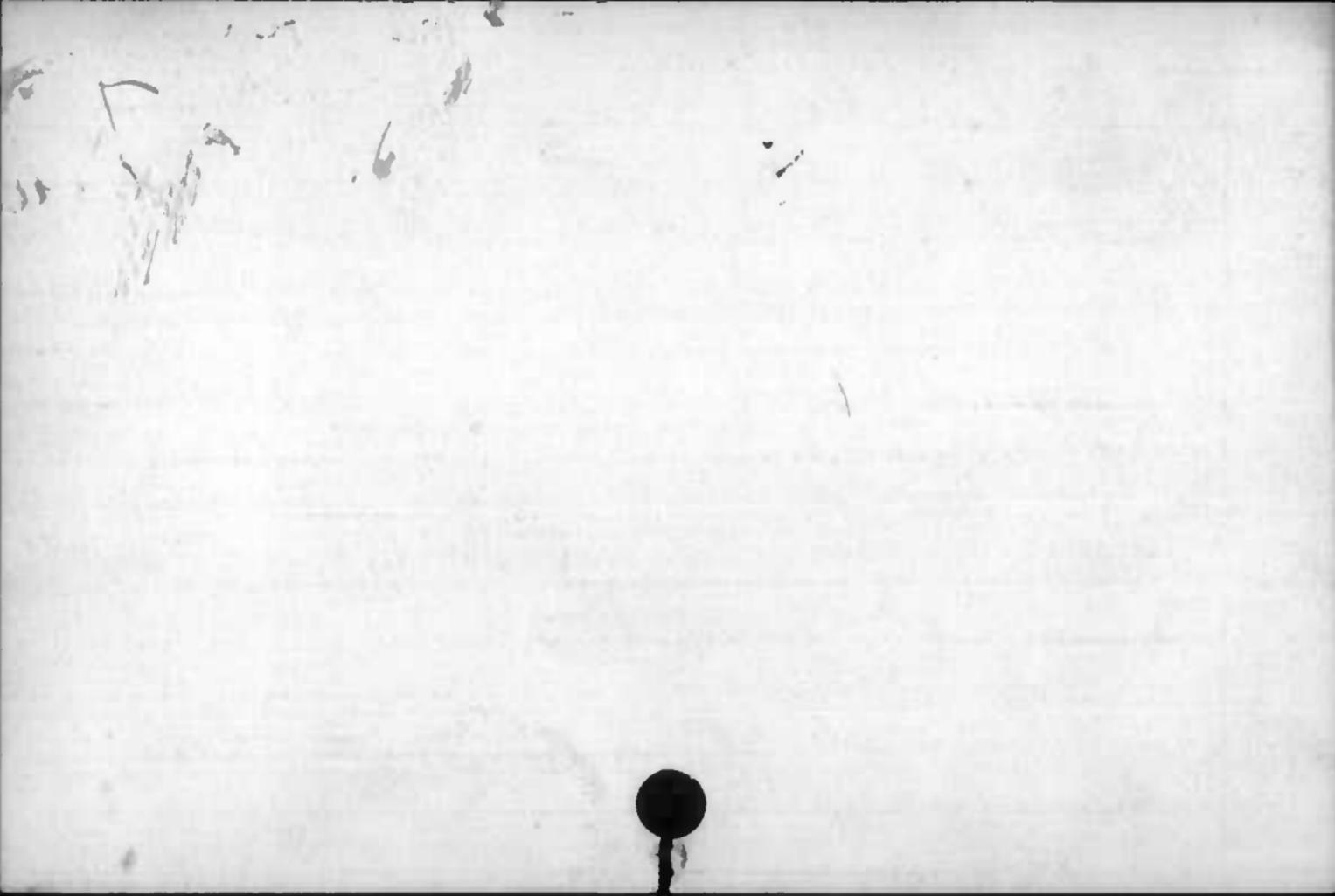
Accident or Suicide?

Signature of
Physician

Address

H P Cofelam Jr

Blaine, W. Va.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ella Lovone Johnson

Town

Died at New Reg House Garrett

County

Died at

Month

Day

Years

MARYLAND

Days

Date
of death 1909 Oct

29

Age

Months

2

Sex Female
OccupationColor or
Race

White

Birth-
place

Maryland

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Loring Johnson

Father's
Birthplace

Maryland

Mother's
Maiden NameElla Grissey,
Joll GrisseyMother's
Birthplace

Maryland

Name of person giving
InformationHow related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Smothery to death

176

How long

✓

Immediate

Smothery to death

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

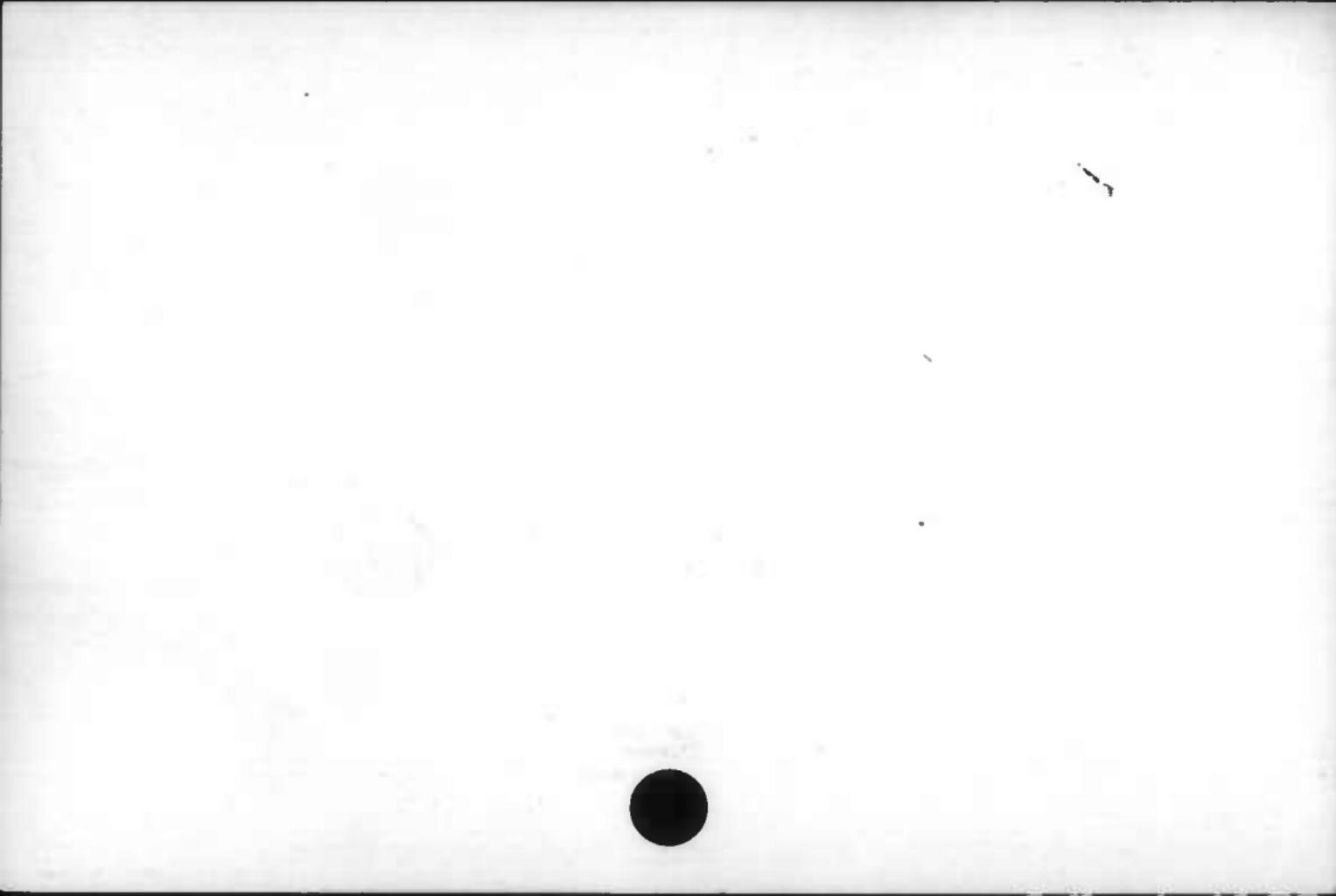
Registration Office for Garrett County,

Address

Gilmor S. Hamill County Registrar.

No physician present

Accident or Suicide



Name
in
Full

Minerva Berthena Male

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Swallow Falls Garrett County MARYLAND
Town Month Day Years Months Days
Date of death 1909 Oct 9 35 8
Sex Female Color or Race Birth-place WVa
Occupation house wife Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Ellsworth Male

Father's Name William Minard Father's Birthplace WVa

Mother's Maiden Name Margaret Male Mother's Birthplace WVa

Name of person giving Information Ellsworth Mal How related to deceased Husband

CAUSES OF DEATH

Primary Encephalitis

(1)

How long 4 mos

Immediate Asthma

How long

5 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. L. McCrane
Oakland Md

PHYSICIAN
OR CORONER

Accident or Suicide

